



State of Wisconsin
2015 - 2016 LEGISLATURE

LRB-4376/1
TJD&SWB:klm&kjf

2015 ASSEMBLY BILL 679

January 12, 2016 – Introduced by LAW REVISION COMMITTEE. Referred to Committee on Rules.

1 **AN ACT** *to repeal* 146.89 (3) (i); and *to amend* 51.422 (2), 146.89 (2) (br) and
2 255.06 (2) (d) (title) of the statutes; **relating to:** volunteer health care provider
3 program, changing reference to residential treatment programs, and
4 eliminating a grammatical error in the Well-Woman Program provision on
5 specialized training for rural colposcopic examinations (suggested as remedial
6 legislation by the Department of Health Services).

Analysis by the Legislative Reference Bureau

This bill eliminates certain references to the Department of Administration in the Volunteer Health Care Provider Program. Under current law, certain individuals may serve as volunteer health care providers by providing services through a nonprofit agency or for a school board or school governing body while receiving no income from the practice of his or her health profession. A volunteer health care provider under the program is an agent of the state for purposes of litigation. 2013 Wisconsin Act 344 added additional types of providers who may participate in the Volunteer Health Care Provider Program, added certain requirements on nonprofit agencies overseeing volunteer health care providers, and changed the administration of the program from DOA to the Department of Health Services among other changes. 2013 Wisconsin Act 241 allowed certain out-of-state health care providers to participate in the Volunteer Health Care Provider Program, provided certain liability exemptions for those providers having insurance coverage,

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and added the identical requirements on nonprofit agencies overseeing volunteer health care providers. 2013 Wisconsin Act 241, however, did not change the agency administering the program from DOA to DHS. The bill eliminates the references to DOA as the administering agency of the program that were included in 2013 Wisconsin Act 241 thus specifying that the program is administered by DHS.

This bill changes the reference from licensed residential programs to certified residential programs as a type of treatment program to which an individual who is in an opioid treatment program may be referred.

This bill eliminates a grammatical error in the Well-Woman Program statute relating to specialized training for rural colposcopic examinations and activities. Under current law, the title for the statute relating to specialized training for rural colposcopic examinations and activities in the Well-Woman Program improperly contains two prepositions, "to" and "for." This bill corrects the error by removing the extraneous preposition "to" from the title.

For further information, see the NOTES provided by the Law Revision Committee of the Joint Legislative Council.

The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

LAW REVISION COMMITTEE PREFATORY NOTE: This bill is a remedial legislation proposal, requested by the Department of Health Services and introduced by the Law Revision Committee under s. 13.83 (1) (c) 4. and 5., stats. After careful consideration of the various provisions of the bill, the Law Revision Committee has determined that this bill makes minor substantive changes in the statutes, and that these changes are desirable as a matter of public policy.

SECTION 1. 51.422 (2) of the statutes is amended to read:

51.422 (2) PROGRAM COMPONENTS. An opioid treatment program created under this section shall offer an assessment to individuals in need of service to determine what type of treatment is needed. The program shall transition individuals to a licensed certified residential program, if that level of treatment is necessary. The program shall provide counseling, medication-assisted treatment, including both long-acting opioid antagonist and partial agonist medications that have been approved by the federal food and drug administration, and abstinence-based treatment. The program shall transition individuals who have completed treatment to county-based or private post-treatment care.

SECTION 1

9 (END)